U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.			
E WE WAS				
1. File Number U - 13728	2. Fiscal Year Covered From:			
4-0-1-1-0	1 / 1 / 2004 Through: 12 / 31 / 2004			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Jeffrey Seigle	Name ELECTRICAL WORKERS IBEW AFL-CIO			
	Labor Organization File Number 022-469			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 155 Diamond Court	Street 4315 PRESTON HIGHWAY, SUITE 102			
City Taylorsville	City Louisville			
State   Kentucky   ZIP Code + 4   40071-7999	State   Kentucky   ZIP Code + 4   40213-2031			
5. Position in labor organization. Business Agent.				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	derived income or other economic benefit of cion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see Signed	ying documents), has been examined by the signatory and is, to the best of the			
agricu (ADIII), Oran O				

Name of Person Filing Jeffrey Seigle		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	, , , , , , , , , , , , , , , , , , ,	adia.a			
Trade Name, if any:	a. Labor Organiza	anon			
P.O. Box, Bldg., Room No., if any	c. Employer				
Street	vo				
City  Probability Measurement and an analysis and a service of the control of the					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.  A transfer of the second section of the section of the second section of the sectio			
Name	Annual frantische				
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar va	lue of such dealing.			
City	12.a. Nature of interest he	eld or income received.			
State ZIP Code + 4	A P P P P P P P P P P P P P P P P P P P				
	12.b. Amount.	THE INTERNAL PROPERTY CONTROL OF SECULIAR STATEMENT AND THE TABLE THE THE TABLE THE THE TABLE THE THE TABLE THE TABL			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name National Electrical Contractors Association	or other thing of value.  14.a. Nature of payment.	outing - Invited guest.			
Trade Name, if any: Louisville Chapter, NECA					
P.O. Box, Bldg., Room No., if any	:				
Street 1404-C Browns Lane					
City   Louisville	2				
State Kentucky ZIP Code + 4 40207-4655	The state of the s	the control of commercial matter comments are enthaltered from the matter with a service of the control of the			
13.b. Is the Business an Employer 🔀 or Consultant ?	14.b. Amount of payment.	\$75			

Name of Person Filing	Jeffrey	Seigle
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File Number U-

## Part C Continuation Page

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C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant	o an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Lou Elect Joint Appent & Training Comm	to//1//2004 Graduation Ceremony	invited guest.	
Trade Name, if any:	\$ \$		
P.O. Box, Bldg., Room No., if any		;	
Street 4315 Preston Highway, Suite 100	•		
City Louisville	1 t		
State Kentucky ZIP Code + 4 40213-2031			
13.b. Is the Business an Employer  or Consultant ?	14.b. Amount of payment.	\$37	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant	to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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P.O. Box, Bldg., Room No., if any	Commission of the Commission o	1	
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	· 1	; ;	
Trade Name, if any:		:	
P.O. Box, Bldg., Room No., if any			
Street		1	
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	1	
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